

CLAIMS ONLY						Application Number 10519 623	Filing Date
						Applicant(s)	
						* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10	1						
11							
12							
13	1						
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49							
50							
Total Indep							
Total Depend							
Total Claims							